City of North Little Rock

Personal Information Sheet

Name :	DOB:
	(Month, day, year)
Home Address:	(Street, city, zip)
Phone number:(Home	(Street, city, zip) Length of Residence: e and business) (Years)
Place of Employment:	(Teals)
Occupation:	
Marital Status:	Spouse's Name:
Spouse's Place of Emplo	oyment:
Spouse's Occupation:	
Children (names):	
Board or Commission:_	
Term of Appointment:	
Summary of qualification	ns and/or experience:
Other board and commis	ssion served on:
Educational Background	d:
amended by <u>Ordinance 64</u>	t I have read and understand City <u>Ordinance 5333</u> as 195, pertaining to absences by members of City Board re true and correct to the best of my knowledge and
	Date:
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Term of Appointment:		
••		
Summary of qualifications ar	nd/or experience:	
	7	
Other board and commission	n served on:	
Educational Background:		
I hereby acknowledge that I h	nave read and understand	d City Ordinance 5333 as
amended by <u>Ordinance 6495</u> ,		
,	and Commissions.	
The above statements are tru	ue and correct to the be	est of my knowledge and
	pener.	•
Signature:		Date: